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SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/989,677	11/20/2001	315	2821	C1104.70095US00
	RULE			

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 09/215,624 12/17/1998 PAT 6,528,954  
 and is a CIP of 09/213,607 12/17/1998 ABN  
 and is a CIP of 09/213,189 12/17/1998 PAT 6,459,919  
 and is a CIP of 09/213,581 12/17/1998 PAT 7,038,398  
 and is a CIP of 09/213,540 12/17/1998 PAT 6,720,745  
 and is a CIP of 09/333,739 06/15/1999  
 and is a CIP of 09/742,017 12/20/2000 ABN  
 which is a CON of 09/213,548 12/17/1998 PAT 6,166,496  
 This application 09/989,677  
 is a CIP of 09/815,418 03/22/2001 PAT 6,577,080  
 which is a CON of 09/213,548 12/17/1998 PAT 6,166,496  
 This application 09/989,677  
 is a CIP of 09/626,905 07/27/2000 PAT 6,340,868  
 which is a CON of 09/213,659 12/17/1998 PAT 6,211,626  
 This application 09/989,677  
 claims benefit of 60/252,004 11/20/2000  
 and claims benefit of 60/262,022 01/16/2001  
 and claims benefit of 60/268,259 02/13/2001  
 and claims benefit of 60/262,153 01/17/2001  
 and claims benefit of 60/296,219 06/06/2001  
 and is a CIP of 09/917,246 07/27/2001 PAT 6,888,322  
 which claims benefit of 60/221,579 07/28/2000  
 and is a CIP of 09/669,121 09/25/2000 PAT 6,806,659  
 which is a CON of 09/425,770 10/22/1999 PAT 6,150,774  
 which is a CON of 08/920,156 08/26/1997 PAT 6,016,038  
 This application 09/989,677  
 is a CIP of 09/805,368 03/13/2001 PAT 7,186,003  
 which claims benefit of 60/199,333 04/24/2000  
 and claims benefit of 60/211,417 06/14/2000  
 and said 09/215,624 12/17/1998  
 claims benefit of 60/090,020 06/19/1998  
 and claims benefit of 60/079,285 03/25/1998  
 and claims benefit of 60/078,861 03/20/1998  
 and claims benefit of 60/068,792 12/24/1997  
 and claims benefit of 60/071,281 12/17/1997

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 04/17/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 22	TOTAL CLAIMS 74	INDEPENDENT CLAIMS 19
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

23628

**TITLE**

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